

ROLLINGWOOD ESTATES HOMEOWNERS ASSOCIATION  
APPLICATION FOR EXTERIOR ALTERATION

ROLLINGWOOD ESTATES HOMEOWNERS ASSOCIATION  
5849 HARBOUR VIEW BLVD., SUITE 200  
SUFFOLK, VIRGINIA 23435  
TELEPHONE: (757) 484-0706  
FAX: (757) 484-3217

DATE \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_

In accordance with the Declaration of Covenants and Restrictions, I/we are requesting approval for the following described alteration/change/addition, and have enclosed the documents designated below.

**Description of Alteration/Change/Addition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Plans and Specifications including type of materials to be used.
- \_\_\_\_\_ Survey, Site Plan or Plot Plan showing location of addition or alteration.
- \_\_\_\_\_ Illustration of any new or replacement components such as windows, doors, lighting, gutters, etc.
- \_\_\_\_\_ Description of plantings/trees to be removed or added.
- \_\_\_\_\_ Photographs/Drawings.
- \_\_\_\_\_ Other (please describe).

I/we understand that I/we must wait for written approval (up to 30 days) before beginning the subject alterations and that approval by the Architectural Review Committee does not release our obligation to ensure that the alteration is in compliance with applicable regulations for the City of CHESAPEAKE, and the Guidelines, Rules, Regulations and Restrictions established by the ROLLINGWOOD ESTATES HOMEOWNERS ASSOCIATION.

Owner's Printed Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Alteration Request: \_\_\_\_\_

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\_\_\_\_ This request as described is approved.

\_\_\_\_ The request as described is approved with the following stipulations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ The request as described is denied because of the following conditions.

\_\_\_\_\_  
\_\_\_\_\_

By Architectural Review Board:

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_